



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

21 S FRUIT ST STE. 16

CONCORD NH 03301-2431

**Nursing:** 603-271-2323; **Nurse Asst.** 603-271-6282

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Declaration of Primary State of Residence**

Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where you vote, pay taxes, hold a driver's license, etc.* In order for New Hampshire to issue or reactivate your permanent license you cannot hold an active license in another compact state. *Please provide a state issued driver license or a government issued ID as proof of residency.*

For more information on nurse licensure compact, visit our website or visit [www.ncsbn.org](http://www.ncsbn.org).

**Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.**

**Applicant Information:**

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Please check appropriate categories below:

\_\_\_\_ RN \_\_\_\_ LPN \_\_\_\_ APRN

\_\_\_\_ Exam \_\_\_\_ Endorsement \_\_\_\_ Renewal \_\_\_\_ Reinstatement ( NH Nursing  
license # \_\_\_\_\_ )

**Check one of the following:**

\_\_\_\_ My primary state of residence is /will be New Hampshire. (If applicable, all other COMPACT state licenses must be inactivated)

\_\_\_\_ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

\_\_\_\_ I am declaring another compact state as my primary state of residence. Please put my New Hampshire license on *inactive status*.

\_\_\_\_ I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

**Previous Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Current primary/home address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_